Spectrum Health

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January 31, 2006

Norma Hagenow, Chair
Certificate of Need Commission
c/o Michigan Department of Community Health
Certificate of Need Policy Section
Capitol View Building, 201 Townsend Street
Lansing, Michigan 48913

Dear Ms. Hagenow,

This letter is written as formal testimony about the CON Review Standards for MRI Services, which went into effect on September 17, 2005. Spectrum Health appreciates the opportunity to comment on these Standards.

In general, the MRI Standards have served well in allocating the appropriate number of MRI units across the state of Michigan. The substantial portions of the standards were developed more than five (5) years ago and include volume requirements for initiation and expansion of MRI services which are both reasonable and appropriate. However, there are some particular provisions of the Standards which need to be reviewed and updated. The specific areas needing revision include the following: new issues to be addressed, refined definitions, and revised weights and volume requirements. Each of these areas is addressed separately below.

New Items to be addressed in the standards

Partial Use of a Clinical MRI for Research: The current Standards address the use of a dedicated MRI unit for research purposes. However, many academic medical centers with active research programs do not have the desire or the ability to dedicate an entire MRI machine to research. Under these circumstances, the research use of the machine should be taken into account in quantifying the overall utilization of the unit. Some patients receive MR scans for both research and clinical purposes during the same scanning. To be specific, many patients under research protocols use additional machine time, after routine and billed scans have been performed, to undergo additional research procedures. In these cases, a patient uses additional time on the unit so additional information can be gathered for research purposes. For these "dual purpose" patients, an additional weight may be appropriate (see below).

Special Needs Patients: The Standards recognize that children often require additional machine time, due to their unique characteristics. However, there is an additional category of patients – including both children and adult – which require additional time because of their unique characteristics. Those are patients with special needs. We encourage the commission to add an additional

category for patients with special needs, with its own weight in computing "adjusted procedures" (see below).

Refined Definitions

Special Needs Patients: As indicated above, a new patient category needs to be added. A possible definition is as follows: "A special needs patient is a patient, either pediatric or adult, with any of the following conditions: Downs Syndrome, Autism, ADHD, Developmental Delay, severe agitation, psychiatric conditions, and syndromes, such as Hunters."

Relocation Zone: MRI has become a commonly-prescribed, outpatient, diagnostic modality similar to CT scanning, in that it is available in most hospitals. Consequently, in order to enable healthcare providers to move available MRI units to the most appropriate locations to serve their communities, the relocation zone should be expanded. A reasonable solution would be to expand the relocation zone for MRI to mirror that of CT scanners, i.e. 10 miles for urban sites and 20 miles for rural sites.

Teaching Facility: The current definition of teaching facility in the Standards specifies that it must be a "location … at which residents or fellows of a training program in diagnostic radiology … are assigned." With the advent of Picture Archival and Communications Systems (PACS) connecting imaging services at different locations, images can be transferred electronically from one facility to another for interpretation. Images no longer must be taken and interpreted at the same facility. Hence, the residents and fellows do not need to be present at the imaging facility to be involved in radiology education associated with individual patient scans. Therefore, we urge the Commission to modify the definition of teaching facility to include electronic linkage to locations at which residents and fellows in radiology are assigned.

Upgrade an Existing MRI: The current definition of upgrade specifies that it include an expenditure of $500,000 or more over a 2-year period. Due to the high level of expense involved in many common MRI improvements and the general effects of inflation on the costs of medical technology, Spectrum Health suggests that the definition of upgrading an existing MRI unit be increased to at least $750,000 over two years.

Revised Volumes and Weights

Special Needs Patients: The rationale and definition of this new patient category are presented above. In order to account for the particular considerations for this group of patients, a weight of 0.5 is suggested.

Partial Use of a Clinical MR visit for Research: As discussed above, some patients have both clinical and research procedures performed during the same session in the MRI unit. For each of these patients, we suggest that an additional field be included in the MRI data set and that an additive weight of 0.25 be assigned.

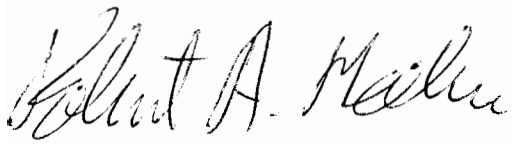
Pediatric Sedation: Although the current standards include provisions for both pediatric patients and sedated patients, the circumstances surrounding pediatric sedation often consume more machine time than is accounted for by the sum of the pediatric and sedation weights. Often, pediatric patients who are sedated by a pediatric nurse may fail the sedation while the MRI scan is being performed. In these cases, the patient needs to be rescued in the MRI scanner, under the supervision of a pediatric intensivist. A patient rescued in this way can require an additional 15-30 minutes in the machine in order to set-up the necessary monitoring equipment, get the IV started, and move the sedation cart into the magnet room. By "rescuing" a pediatric patient in this way, it prevents rescheduling the patient, which can be a significant inconvenience to the family and can delay treatment. We specifically ask that a new weight of 0.25 be added for a pediatric patient with sedation.

Conversion from a mobile unit to a fixed MRI unit for rural hospitals. Currently the standards only allow one hospital per county to qualify for the rural exception that lowers their volume requirement to convert from mobile to fixed MRI. Due to the increased utilization of MRI studies, discussed above, this limit appears to be too restrictive for rural communities, especially given the additional requirement that the nearest fixed MRI unit must be > 15 miles away. While retaining the mileage restriction, we suggest elimination of the phrase "only one per county" in order to open the exception to all rural hospitals.

The issues mentioned in this letter are primarily technical in nature and may be able to be resolved using an informal process. However, other concerns about the MRI Standards may necessitate establishment of a Standards Advisory Committee to determine appropriate revisions of the MRI.

Spectrum Health appreciates the opportunity to comment on the CON Review Standards for MRI, and we urge that the CON Commission initiate a process to revise these Standards as soon as is possible. We will be pleased to participate in this process as appropriate.

Sincerely,



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